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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Great American Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
<b>Product Name:</b>	Special Markets Purchasing Group		
<b>Project Name/Number:</b>	Special Markets Purchasing Group/DC161650100014		

## Filing at a Glance

Company:	Great American Insurance Company
Product Name:	Special Markets Purchasing Group
State:	District of Columbia
TOI:	17.1 Other Liability-Occ Only
Sub-TOI:	17.1001 Commercial General Liability
Filing Type:	Form
Date Submitted:	11/22/2016
SERFF Tr Num:	GACX-G130812511
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC161650100014
Effective Date	01/23/2017
Requested (New):	
Effective Date	01/23/2017
Requested (Renewal):	
Author(s):	SPI GAICSPI
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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## General Information

Project Name: Special Markets Purchasing Group	Status of Filing in Domicile: Pending
Project Number: DC161650100014	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/22/2016	
State Status Changed:	Deemer Date:
Created By: SPI GAICSPI	Submitted By: SPI GAICSPI
Corresponding Filing Tracking Number: DC161650100013	

### Filing Description:

Our intention is to provide insurance coverage for Members of the Special Markets Purchasing Group, Inc. using a Master Policy using Certificates of Coverage that are issued in Wisconsin. The Special Markets Purchasing Group, Inc. is a registered purchasing group in your state with Great American Insurance Company as the insurance carrier of record.

## Company and Contact

### Filing Contact Information

Sharon Geiger, Sr.Compliance Filing Specialist	sgeiger@gaic.com
49 East 4th Street	513-333-6950 [Phone]
Cincinnati, OH 45202	513-333-6996 [FAX]

### Filing Company Information

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		RISK PURCHASING GROUP ENDORSEMENT	IL 74 00	(Ed. 01/17)	END	New		0.000	IL7400 - Risk Purchasing Group Endorsement.PDF
2		CERTIFICATE OF COVERAGE	F.36259	(Ed. 01/17)	CER	New		0.000	F_36259 CW - SMIC Certificate of Coverage.PDF

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**RISK PURCHASING GROUP ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
ABUSE OR MOLESTATION COVERAGE FORM

**The COMMON POLICY DECLARATIONS and any other form which contains the word Declarations in the form's title are separately and collectively referred to as the Declarations. The Declarations together with the Coverage Form(s), the Certificate of Coverage and any accompanying endorsements constitute the Policy and the contract between the First Named Insured and us.**

1. The Named Insured shown on the Common Policy Declarations is as follows:

Members of the Special Markets Purchasing Group, Inc.,  
as scheduled on a Certificate of Coverage.

2. **Duties of the Policyholder**

- a. The "Policyholder" will collect the premium from the "Certificate Holders" and deliver it to us.
- b. The "Policyholder" will maintain a bordereau of named insured "Certificate Holders" in a manner and format agreed upon with us.
- c. The "Policyholder" will notify us of each "Certificate Holder's" effective date of coverage in the insurance program in a time, manner and format agreed upon with us.
- d. The "Policyholder" is responsible for sending cancellation or nonrenewal notices to "Certificate Holders".
- e. The "Policyholder" is responsible for:
  - i. Notifying affected "Certificate Holders" of the termination of their insurance under this policy; and
  - ii. Returning any premium due to affected "Certificate Holders".

3. **Certificate Holder's Effective Date of Coverage**

- a. The "Certificate Holder's" coverage effective date will be at 12:01 A.M. standard time on the Coverage Period stated on the Certificate of Coverage and at the "Certificate Holder's" address as stated on the Certificate of Coverage.

4. **Certificate of Coverage**

This Policy provides insurance to "Certificate Holders" who are issued a Certificate of Coverage by the "Policyholder". The original Policy is in the possession of the "Policyholder". The Policy may be

examined during business hours at the "Policyholder's" offices. The Certificate of Coverage issued to the "Certificate Holder" indicates the most recent effective and expiration dates of that "Certificate Holder's" coverage under the Policy. The Certificate of Coverage also indicates the Limits of Insurance available to the "Certificate Holder" under the Policy. Premiums must be paid by the "Certificate Holder" when they are due in order to maintain this insurance in force for that "Certificate Holder". The coverage period shown on the individual Certificate of Coverage is the period that insurance is in force for that individual "Certificate Holder", regardless of the policy period of this Policy; provided however, that in no event will the expiration date on the individual Certificate of Coverage be later than the expiration date of this Policy.

**5. LIMITS OF INSURANCE** section is amended to include the following additional provisions;

- a. The Occurrence and Aggregate Limits of the Commercial General Liability Coverage Form stated in the Declaration will apply separately to each "Certificate Holder" under this Policy.
- b. The Each Act, Error Or Omission and Aggregate Limits of the Professional Liability Insurance coverage form stated in the Declaration shall apply separately to each "Certificate Holder" insured under this Policy.

The Each Act of Abuse and Aggregate Limits of the Abuse or Molestation Coverage Form stated in the Declaration shall apply separately to each "Certificate Holder" under this Policy.

6. If any exclusions, restrictions or amendments of the terms of coverage are shown on the Certificate of Coverage issued to a "Certificate Holder", that exclusion, restriction or amendment of coverage will be made part of this Policy as respects to that "Certificate Holder".
7. **"Certificate Holder"** means a Member of the Special Markets Purchasing Group, Inc., who is a named insured on a Certificate of Coverage.
8. **"Policyholder"** is the Special Markets Purchasing Group, Inc., who is the administrator of this insurance program.

**All other policy terms and conditions remain unchanged.**

## GREAT AMERICAN INSURANCE COMPANY

### CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Named Insured / Policy Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

**NAMED INSURED / POLICY HOLDER NAME AND ADDRESS:**

**CERTIFICATE HOLDER NAME AND ADDRESS:**

**ITEM 1. COVERAGE PERIOD:** Effective: To:  
At 12:01 A.M. Standard Time at The Address of the Named Insured /  
Policy Holder  
**CERTIFICATE NUMBER:**

**ITEM 2. INSURER**  
**INSURER MASTER POLICY NUMBER**

**ITEM 3. AGENTS NAME AND ADDRESS**

**ITEM 4. SCHEDULE OF CHARGES**

**Total Premium (If Applicable):**

Premium: \$ Charged By Insurance Company

**Disclosure Regarding Shared Limits.** Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

**ITEM 5. LIMITS OF INSURANCE:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

General Aggregate Limit (Other Than Products Completed Operations)	\$	
Products-Completed Operations Aggregate Limit	\$	
Personal and Advertising Injury Limit	\$	
Each Occurrence Limit	\$	
Damage to Premises Rented to You Limit	\$	(Any One Premises)
Medical Expenses Limit	\$	(Any One Person)

**ABUSE OR MOLESTATION COVERAGE FORM**

Aggregate Limit \$  
Each Abuse Limit \$

**ITEM 6.**

**MASTER POLICY FORMS & ENDORSEMENT SCHEDULE**

**Interline Business Forms and Endorsement Schedule:**

**Commercial General Liability Coverage Form**

**Professional Liability Coverage Part**

**Abuse or Molestation Coverage Part**

**ITEM 7.****IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:**

You must notify us if you have a change in operations or exposures which increases the insurance company's risk of loss.

In consideration of the premiums paid \_\_\_\_\_, this policy provides coverage to the "Certificate Holders" as set forth in the Certificate of Coverage. Coverage only applies to individual "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid.

The group master policy, containing the terms and conditions of coverage, has been furnished to the \_\_\_\_\_ and a copy of that policy accompanies this Certificate of Coverage.

All claims are paid according to the terms and conditions of the Master Policy.



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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	n/a
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	CW Explanatory Memoradum - Special Markets Purchasing Group Inc.PDF
<b>Item Status:</b>	
<b>Status Date:</b>	

**Great American Insurance Company  
Other Liability  
Special Markets Purchasing Group, Inc.  
Explanatory Memorandum**

Overview

Our intention is to provide insurance coverage for Members of the Special Markets Purchasing Group, Inc. using a Master Policy using Certificates of Coverage that are issued in Wisconsin. The Special Markets Purchasing Group, Inc. is a registered purchasing group in your state with Great American Insurance Company as the insurance carrier of record.

**The two new forms that are being introduced for issuance to the Special Markets Purchasing Group, Inc. with this filing are as follows:**

**Risk Purchasing Group Endorsement IL 74 00 Ed. 01/17** – This endorsement clarifies how the Master Policy and the Certificate of Coverage will apply to the Members of the Special Markets Purchasing Group, Inc.

**Certificate of Coverage F.36259 Ed. 01/17** – This Certificate of Coverage will be issued to each Certificate Holder along with a copy of the Master Policy.

The Risk Purchasing Group Endorsement and the Certificate of Coverage will be used in conjunction with the Master Policy that will use approved coverage forms and rates.